

Work Order ID 93736

December 5, 2012 1:44:19 PM

93736

Page 1

Item ID: 647.9310

647.9310

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: LH Bracket

Stop

NS2

Start Date: 11/26/12 Start Qty: 10.00 *10*

Cust Item ID:

Required Date: 12/14/12 Req'd Qty: 10.00 *10*

Customer:

Reference:

Approvals: Process Plan: CL

Date: 12/12/05 Tooling:

Date:

Run

Start

NR1

QC:

Date: SPC (Y/N):

Date:

Stop

NR2

| Sequence #/ Work Center ID | Description | Set Up/ Run Hours | Fee: | First Part Num. | Accept. Qty | Reject. Qty | Reject. Number | Asp. Stamp |
|----------------------------|-------------|-------------------|------|-----------------|-------------|-------------|----------------|------------|
|----------------------------|-------------|-------------------|------|-----------------|-------------|-------------|----------------|------------|

| | | | | | | | | |
|----------------|-------------------|--|------|--|--|--|--|--|
| Draw Nbr | Revision Nbr | | | | | | | |
| 647.9300 | | | 0.00 | | | | | |
| 100 | | | | | | | | |
| *100* | | | | | | | | |
| Bandsaw | Memo | | 0.00 | | | | | |
| Jeaspa Bandsaw | CUT AT 12.0" LONG | | | | | | | |

SD 12-12-12

10

| | | | | | | | | |
|-------------------------------|---|--|------|--|--|--|--|--|
| 110 | | | 0.00 | | | | | |
| *110* | | | | | | | | |
| Outsource5 | Memo | | 0.00 | | | | | |
| Outsource process - Machining | ISSUE P/O: 18599 POSSIBLE SUPPLIER: ARCHER PRECISION | | | | | | | |
| | Certificate of conformity required | | | | | | | |

12-12-12

| | | | | | | | | |
|-----------|--|------|--|--|--|--|--|--|
| 115 | Receive & Inspect for Damage & Mat'l Certs | 0.00 | | | | | | |
| *115* | Memo | 0.00 | | | | | | |
| Packaging | | | | | | | | |
| Packaging | | | | | | | | |

13/6/31 (10)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | |
|---|------|------|---|--|---------------------------------------|---|---|--------------|--------------|--|--|
| | | | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | |
| | | | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | |
| | | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | |
| | | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | | | | |
| | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Work Order ID 93736

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93736

Page 2

Item ID: 647.9310

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: LH Bracket

Stop

NS2

Start Date: 11/26/12 Start Qty: 10.00

10

Required Date: 12/14/12 Req'd Qty: 10.00

10

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

117

117

QC

Quality Control

QC6- Inspect dimensions to drawing

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
Cod.

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

118

118

HandFinish

Hand Finishing

Memo

0.00

0.00

B.S 31

10

120

120

Outsource4

Outsource process - Anodize

Memo

0.00

0.00

HARD ANODIZE IAW MIL-A-8625 TYPE 3
COLOUR BLACK

D10/20257

Cd 13/06/20 0

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | | | |
|---|------|------|---|---|---------------------------------------|---|---|---|--------------|--|--|---|--|
| | | | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | |
| | | | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | |
| | | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | |
| | | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | | |
| Doc/Data | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | |
| | | | | | | | | | | | | <input type="checkbox"/> Other | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Work Order ID 93736

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Page 3

Item ID: 647.9310

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: LH Bracket

Stop

NS2

Start Date: 11/26/12 **Start Qty:** 10.00 ***10***

Cust Item ID:

Required Date: 12/14/12 **Req'd Qty:** 10.00 ***10***

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence
Work Center ID

Operation Description

**Set Up/
Run Hours**

Tool ID

Tool #

**Plan
Code**

**Accept
Qty**

**Reject
Qty**

**Reject
Number**

**Insp.
Stamp**

130

130

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

143/2/10 (1)

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

140

140

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

W/A

Memo

0.00

150

150

SprayPaint

Spray Painting

Spray Painting per QSI005 4.2

0.00

14/13/07/10

Memo

0.00

PRIME AS PER DWG NOTE #2

m125452

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: Date:

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | |
|------------------------------|----------------|---------------------------------|---|--|--|--|---|--------------|--------------|--|--|
| | | | Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> | | | | |
| Part No. _____ | | | | | | | | | | | |
| NCR No. _____ | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear | | | | General | | | | | | | |
| Bending | Bend | Grain | Ovalized | Pressure/Forced | | | | | | | |
| Centre Not Concentric to O/S | BOM/Route | Hardware | Over/Under tolerance | Temperature/Cure | | | | | | | |
| Cracks | Broken/Damaged | Inspection Incomplete | Part Incorrect | Weld | | | | | | | |
| Crushed/Crimped | Burrs | Instructions Incomplete/Unclear | Part Lost/Missing | Wrong Stock Pulled | | | | | | | |
| Cuffs | Contamination | Maintenance | Part Moved | | | | | | | | |
| Heat Treat | Countersink | Mislabeled | Positioned Wrong | | | | | | | | |
| Inspection Strip in Tube | Cut Too Short | Misread | Power Loss/Surge | | | | | | | | |
| Ripples in Bend | Drill Holes | Offset | | | | | | | | | |
| Torque Waves in Extrusion | Drawing | Out of Calibration | | | | | | | | | |
| Turning Sequence | Finish | Out of Sequence | | | | | | | | | |
| Wave/Twist in Tube | Folio | Outside Dimensions | | | | | | | | | |

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93736

Page 4

Item ID: 647.9310

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: LH Bracket

Stop

NS2

Start Date: 11/26/12 Start Qty: 10.00 *10*

Cust Item ID:

Required Date: 12/14/12 Req'd Qty: 10.00 *10*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

160

160

QC

Quality Control

Operation
Description

QC14-Inspect Spray Paint

6

Memo

Up/
Run Hours

0.00

Up/
Run Hours

0.00

Tool

0.00

Plan

Code

Accept

Qty

Reject

Qty

Reject

Number

Insp.

Stamp

10



13/7/10

170

170

Packaging

Packaging

Identify as per dwg & Stock Location:

0.00

Memo

SD400

0.00

14/3/11 (C)

190

190

QC

Quality Control

QC21-Final Inspection - Work Order Release

0.00

Memo

0.00

13/7/11 (J)

14/3/11 (C)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | |
|---|--|--|------------------------------------|--|--|--------------------------------------|-------------|--------------|--------------|--|
| Part No. _____ | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | |
| NCR No. _____ | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | |
| | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Composite <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | |
| Operator | | | | | | | | | | |
| Material | | | | | | | | | | |
| Setup | | | | | | | | | | |
| Other | | | | | | | | | | |
| Process | | | | | | | | | | |
| Supplier | | | | | | | | | | |
| Training | | | | | | | | | | |
| Unapproved | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | | | |
| | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | | | | | | |

Picklist Print

December 5, 2012 1:44:19 PM

Page 1

Work Order ID: 93736

Parent Item: 647.9310

Parent Item Name: LH Bracket

Start Date: 11/26/12

Required Date: 12/14/12

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A NEW ISSUE 12-11-19 JLM VERIFIED BY:DD

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|--|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| 647.9310P LH Bracket | | Purchased | No | | | | Each | 0.0000 | | 10 | 93736 | 11/26/12 | (P) |
| M7075T6B1.500X8.500 7075-T6 BAR 1.500' X 8.500" | | Purchased | No | | | | f | 0.0000 | | 2.7027027 | | 11/26/12 | (P) |

M124030

10 12-12-19

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | |
|-----------------------|---|--|--|---|--|--------------------------------------|-------------|--------------|--------------|--|
| Part No. _____ | | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | |
| NCR No. _____ | | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | |
| | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | |
| | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | |
| Operator | | | | | | | | | | |
| Material | | | | | | | | | | |
| Setup | | | | | | | | | | |
| Other | | | | | | | | | | |
| Process | | | | | | | | | | |
| Supplier | | | | | | | | | | |
| Training | | | | | | | | | | |
| Unapproved | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | |
| Landing Gear | General | | | | | | | | | |
| | Bending <input type="checkbox"/> | Bend <input type="checkbox"/> | Grain <input type="checkbox"/> | Ovalized <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | | | | | |
| | Centre Not Concentric to O/S <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Hardware <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | | | | | |
| | Cracks <input type="checkbox"/> | Broken/Damaged <input type="checkbox"/> | Inspection Incomplete <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Weld <input type="checkbox"/> | | | | | |
| | Crushed/Crimped <input type="checkbox"/> | Burrs <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | | | | | |
| | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Maintenance <input type="checkbox"/> | Part Moved <input type="checkbox"/> | | | | | | |
| | Heat Treat <input type="checkbox"/> | Countersink <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | | | | | | |
| | Inspection Strip in Tube <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Misread <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | |
| | Ripples in Bend <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Offset <input type="checkbox"/> | | | | | | | |
| | Torque Waves in Extrusion <input type="checkbox"/> | Drawing <input type="checkbox"/> | Out of Calibration <input type="checkbox"/> | | | | | | | |
| | Turning Sequence <input type="checkbox"/> | Finish <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | | | | | | | |
| | Wave/Twist in Tube <input type="checkbox"/> | Folio <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | | | | | | | |

| | | | | | | |
|----------------------------|-------------------------------------|---|------------------------|------------------------------|---|--|
| APICAL INDUSTRIES, INC. | ENGINEERING CHANGE NOTICE NO. 03209 | | | | SHEET 1 OF 2 | |
| | DWG NO. 647.9300 | REV: N/C | PREPARED BY A. QUAN | DATE: 11/09/11 | EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC. | |
| DWG TITLE: BRACKET | | | | | | |
| APPROVED BY: | ENGR: <i>J. Brown</i> | MFG: <i>David Barber</i> | QC: <i>Marcel Lyan</i> | EFF: CURRENT ORDER AND STOCK | | |
| TRANSACTION CODES (TC) | | REASON: REVISED HOLE LOCATIONS ON 647.9314, ADDED HOLE 647.9315 | | | | |
| A-ADD R-REVISE | C-CREATE D-DELETE | | | | | |

SHEET 1, ZONE B3:

NOTES: UNLESS OTHERWISE SPECIFIED

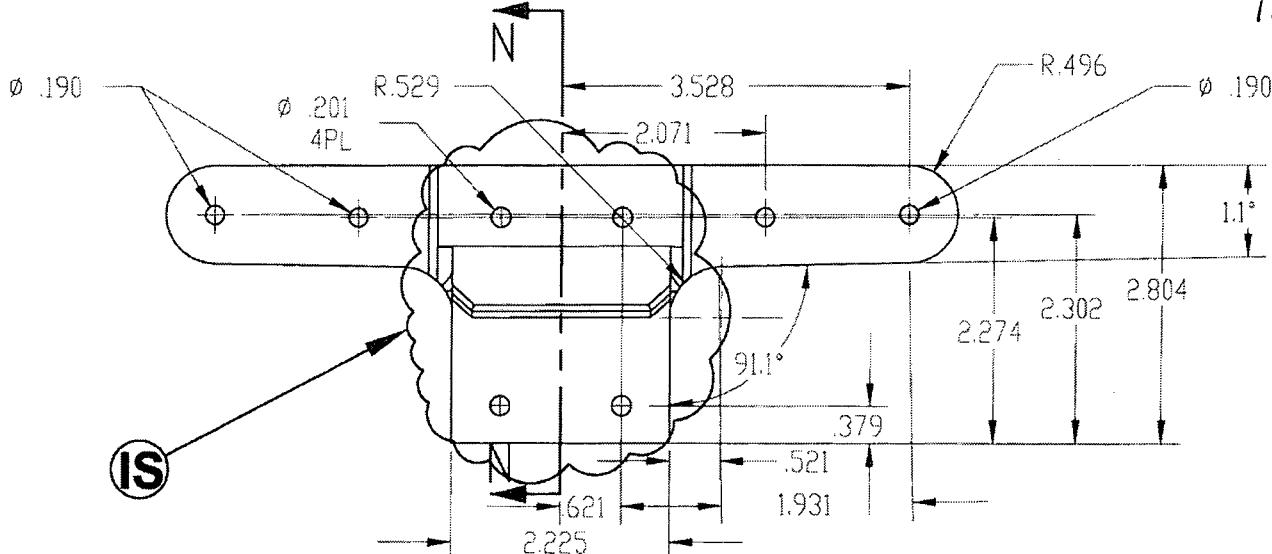
- 1 MATERIAL: ALUMINUM 7075-T61 PER AMS-QQ-A-250/12.
- 2 FINISH: HARD ANODIZE IAW MIL-A-4625 TYPE II, CLASS 2, COLOR: BLACK, PRETREAT PR-148 ADHESION PROMOTER, PRIME IAW MIL-P-23377J TYPE I, CLASS II.
- 3 DEBURR AND BREAK ALL SHARP EDGES.
- 4 IDENTIFY IAW MPP-120 LASER ENGRAVE CENTURY GOTHIC, 12 POINT P/N AND REVISION.
- 5 PART DIMENSIONS CONTROLLED BY CAD MODEL FILE 647.9310 LH BRACKET.SLDPRT, LAST MODIFIED 06-22-10
- 6 PART DIMENSIONS CONTROLLED BY CAD MODEL FILE 647.9311 SUPPORT BRACKET.SLDPRT, LAST MODIFIED 06-22-10
- 7 PART DIMENSIONS CONTROLLED BY CAD MODEL FILE 647.9312 BRACKET.SLDPRT, LAST MODIFIED 06-22-10
- 8 PART DIMENSIONS CONTROLLED BY CAD MODEL FILE 647.9313 BRACKET.SLDPRT, LAST MODIFIED 06-22-10
- 9 PART DIMENSIONS CONTROLLED BY CAD MODEL FILE 647.9314 RETAINER BRACKET.SLDPRT, LAST MODIFIED 09-26-11
- 10 PART DIMENSIONS CONTROLLED BY CAD MODEL FILE 647.9315 RECEPTACLE BRACKET.SLDPRT, LAST MODIFIED 10-19-11
- 11 PART DIMENSIONS CONTROLLED BY CAD MODEL FILE 647.9316 LATCHBAR BRACKET.SLDPRT, LAST MODIFIED 06-22-10
- 12 PART DIMENSIONS CONTROLLED BY CAD MODEL FILE 647.9317 RH BRACKET.SLDPRT, LAST MODIFIED 06-22-10

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TO AMENDMENT
IN A NOTICE
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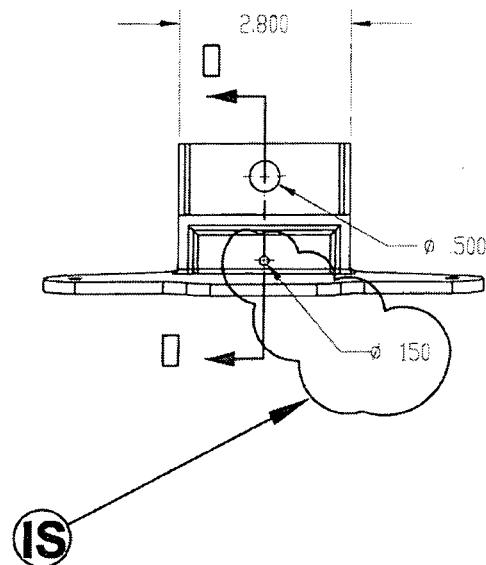
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12-11-27

SHEET 7, ZONE B4:



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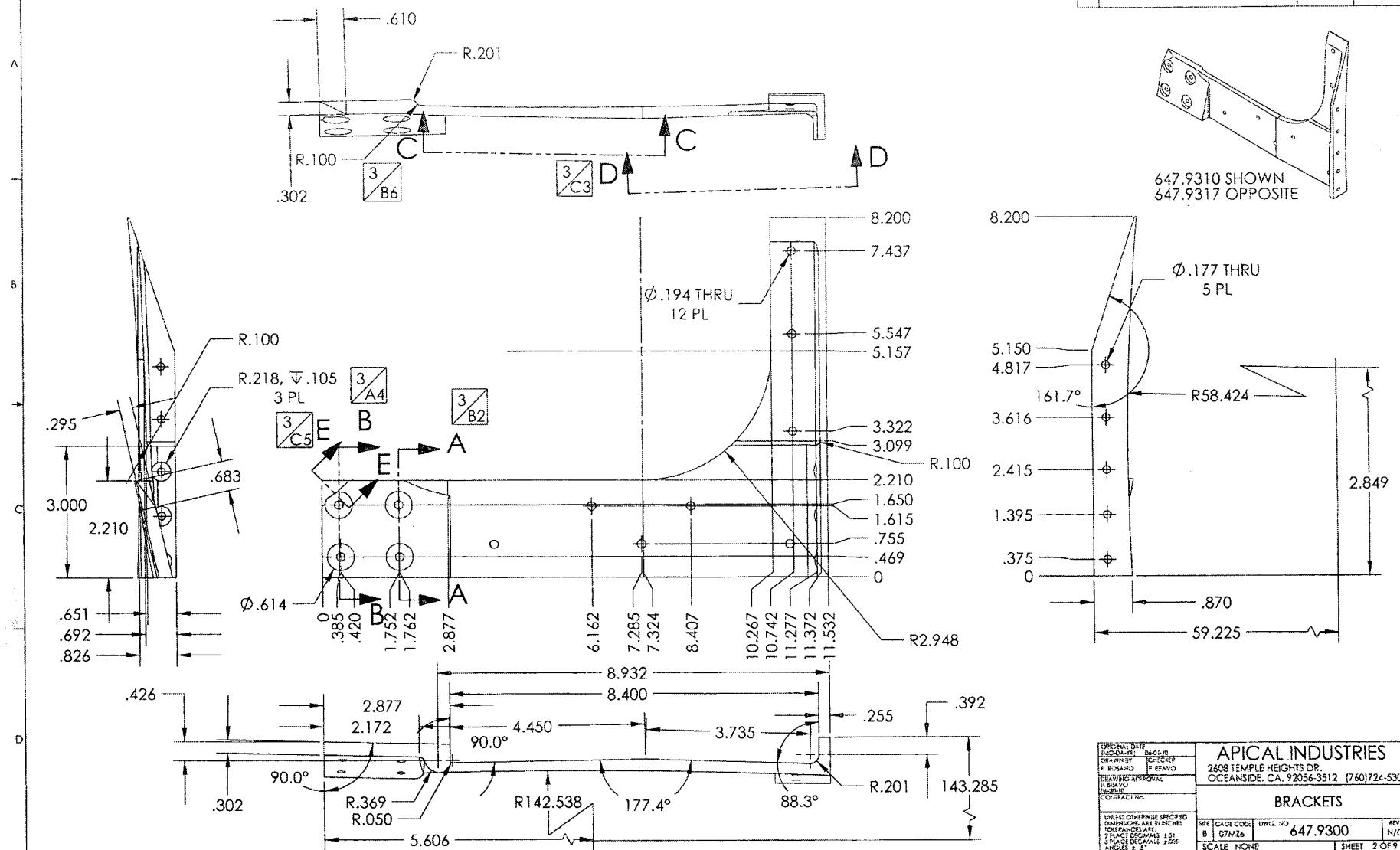
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| NOTES: UNLESS OTHERWISE SPECIFIED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1) MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12.</p> <p>2) FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR: BLACK; PRETREAT PR-148 ADHESION PROMOTER, PRIME IAW MIL-P-23377J TYPE I, CLASS N.</p> <p>3. DEBURR AND BREAK ALL SHARP EDGES.</p> <p>4. IDENTIFY IAW MPP-120. LASER ENGRAVE CENTURY GOTHIC, 12 POINT P/N AND REVISION.</p> <p>5) PART DIMENSIONS CONTROLLED BY CAD MODEL FILE: 647.9310 LH BRACKET.SLDPRT, LAST MODIFIED 06-22-10.</p> <p>6) PART DIMENSIONS CONTROLLED BY CAD MODEL FILE: 647.9311 SUPPORT BRACKET.SLDPRT, LAST MODIFIED 06-22-10.</p> <p>7) PART DIMENSIONS CONTROLLED BY CAD MODEL FILE: 647.9312 BRACKET.SLDPRT, LAST MODIFIED 06-22-10.</p> <p>8) PART DIMENSIONS CONTROLLED BY CAD MODEL FILE: 647.9313 BRACKET.SLDPRT, LAST MODIFIED 06-22-10.</p> <p>9) PART DIMENSIONS CONTROLLED BY CAD MODEL FILE: 647.9314 RETAINER BRACKET.SLDPRT, LAST MODIFIED 06-22-10.</p> <p>10) PART DIMENSIONS CONTROLLED BY CAD MODEL FILE: 647.9315 RECEPTACLE BRACKET.SLDPRT, LAST MODIFIED 06-22-10.</p> <p>11) PART DIMENSIONS CONTROLLED BY CAD MODEL FILE: 647.9316 CROSSBAR BRACKET.SLDPRT, LAST MODIFIED 06-22-10.</p> <p>12) PART DIMENSIONS CONTROLLED BY CAD MODEL FILE: 647.9317 RH BRACKET.SLDPRT, LAST MODIFIED 06-22-10.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNINCORPORATED ECN(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>03209</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 647.9316 | CROSSBAR BRACKET | | | △ | △△△ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 647.9311 | SUPPORT BRACKET | | | △ | △△△ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 647.9310 | LH BRACKET | | | △ | △△△ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NEXT ASSY (S) | DRAWN DATE | REVISED DATE | APICAL INDUSTRIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | BRACKETS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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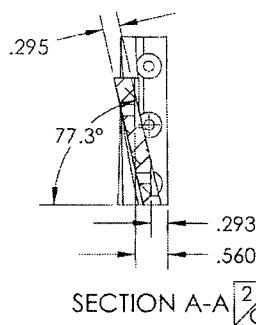


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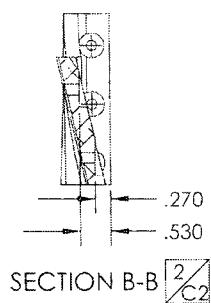
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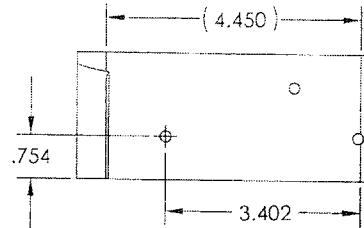
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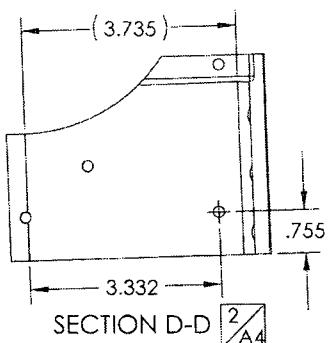


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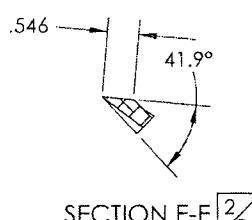


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SECTION D-D **2/A4**



SECTION E-E **2/C2**

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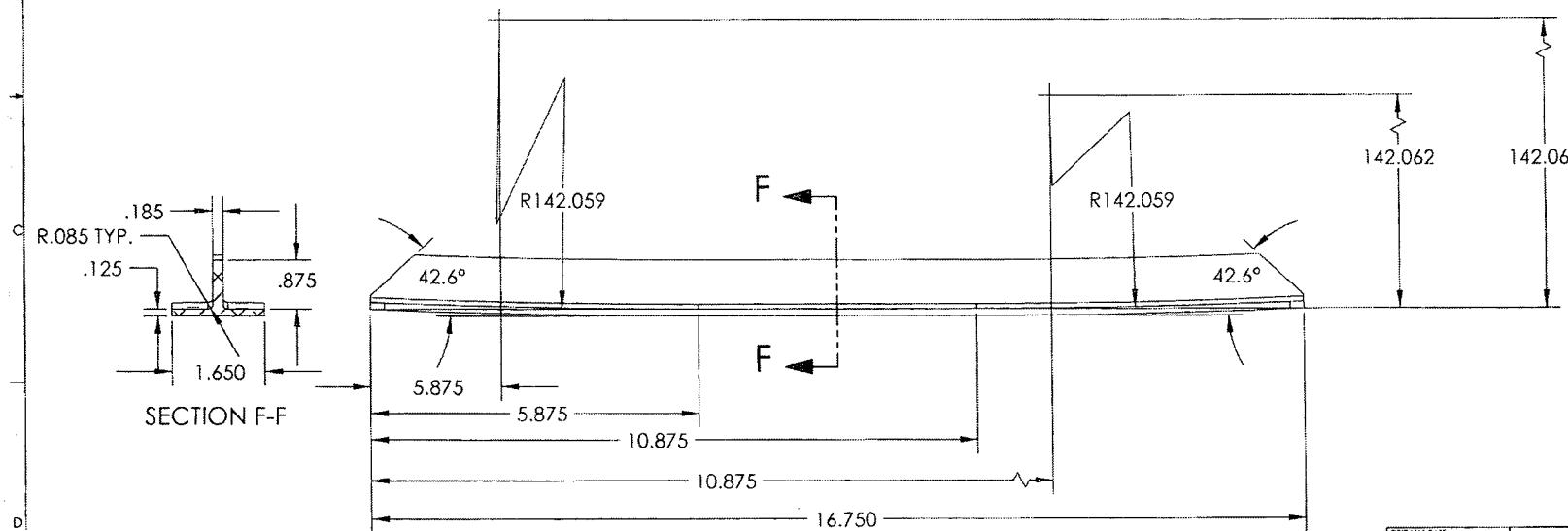
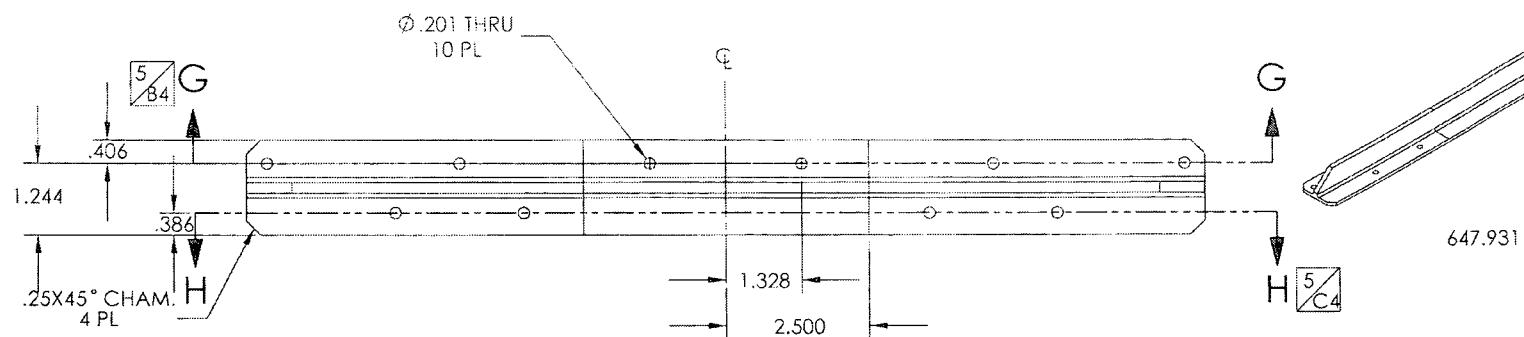
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| DESIGNED BY | J. G. LEE | 2608 TEMPLE HEIGHTS DR. |
| REVIEWED BY | P. BRAVO | OCEANSIDE, CA. 92056-3512 (760)724-5300 |
| APPROVED BY | P. BRAVO | |
| CONTRACT NO. | | |
| ALL DIMENSIONS ARE IN INCHES TOLERANCES ARE: +-.005 FOR PLATES & AC 3 PLACE DECIMALS ±.005 ANGLES ± 5° | | |
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| PRINTED | 08/08/08 |
| APPROVED | |
| DESIGNER | |
| INSPECTOR | |
| CHIEF ENGINEER | |
| MANAGER | |
| TECHNICAL DIRECTOR | |
| GENERAL MANAGER | |
| OWNER | |

UNLESS OTHERWISE SPECIFIED
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TOLERANCES ARE:
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1 PLACE DECIMALS ±0.01
ANGLES ±3°

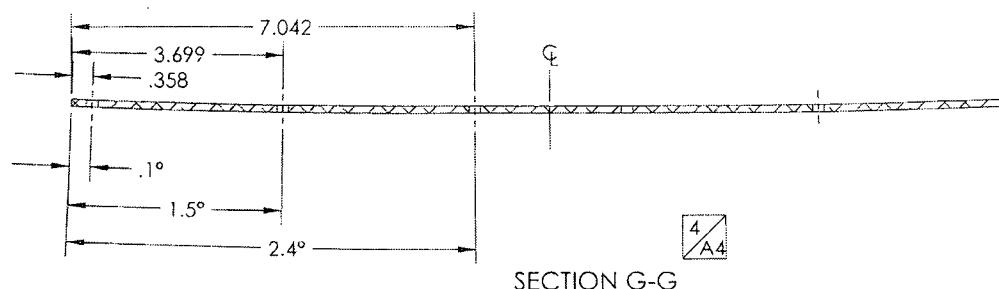
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SHEET: 4 OF 9

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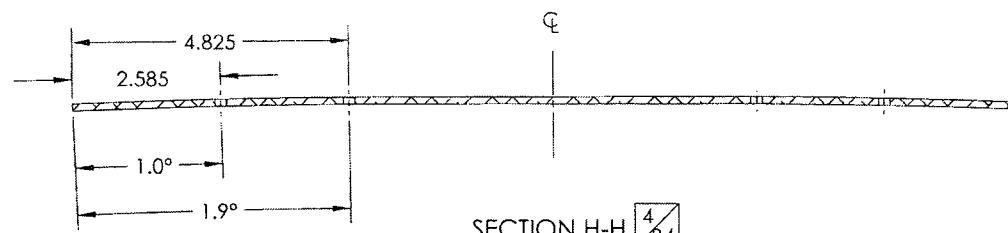
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SECTION G-G

B



SECTION H-H

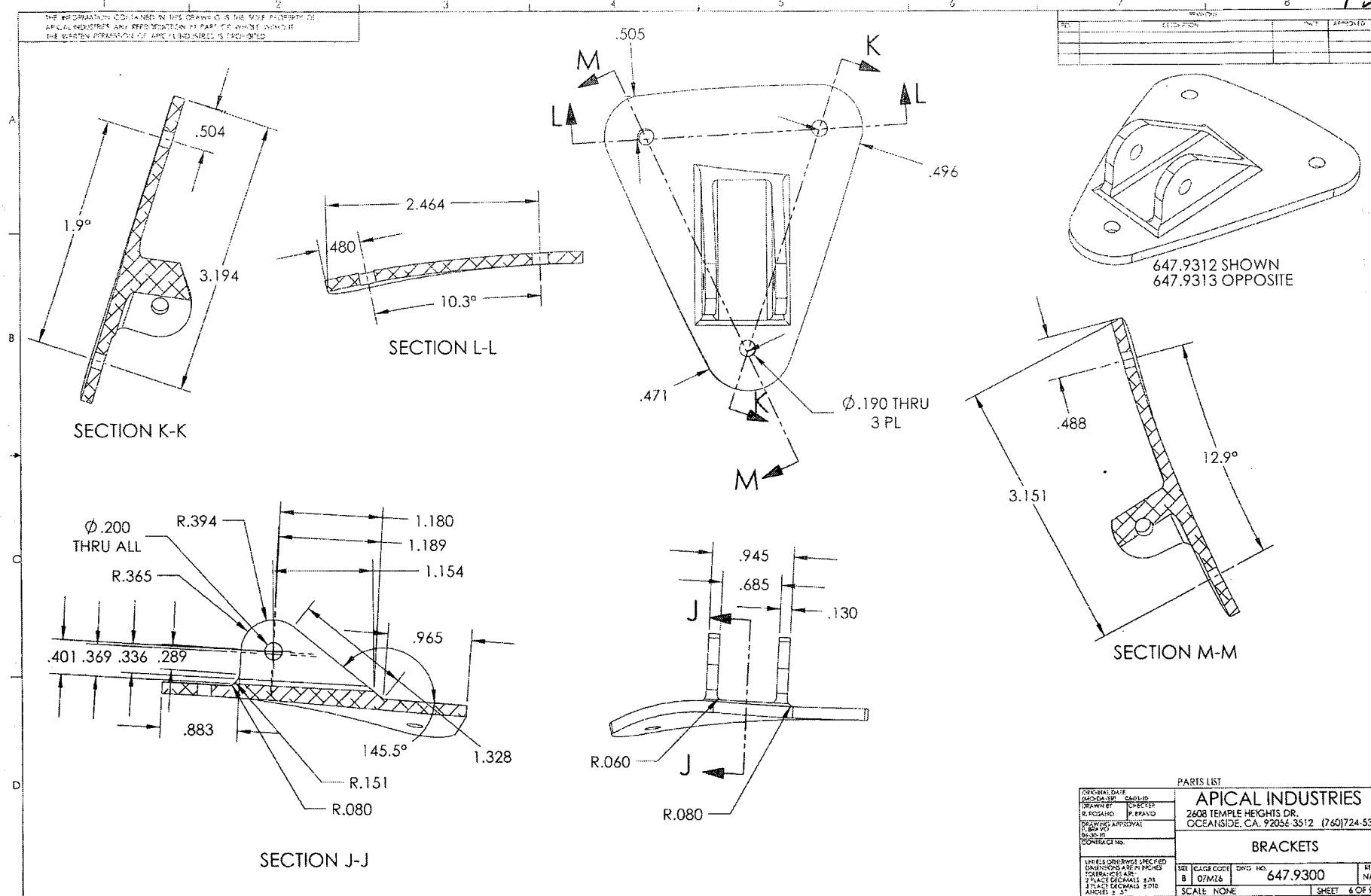
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| DRAWN BY F. ROSARIO | REVIEWED BY F. BRAVO | BRACKET APPROVAL F. BRAVO |
| SUPERVISOR F. BRAVO | DATE 02-20-01 | CONTRACT NO. |
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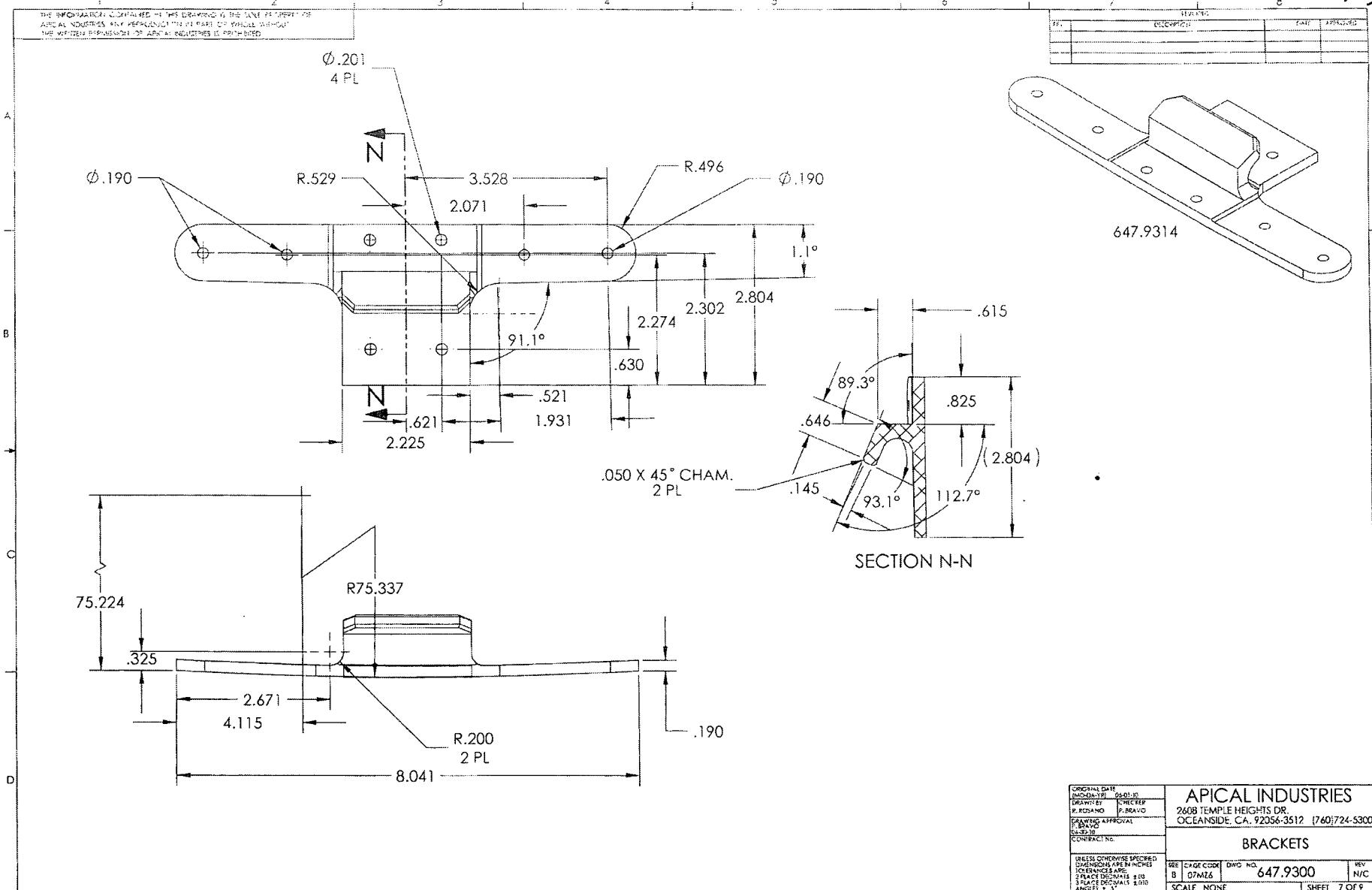
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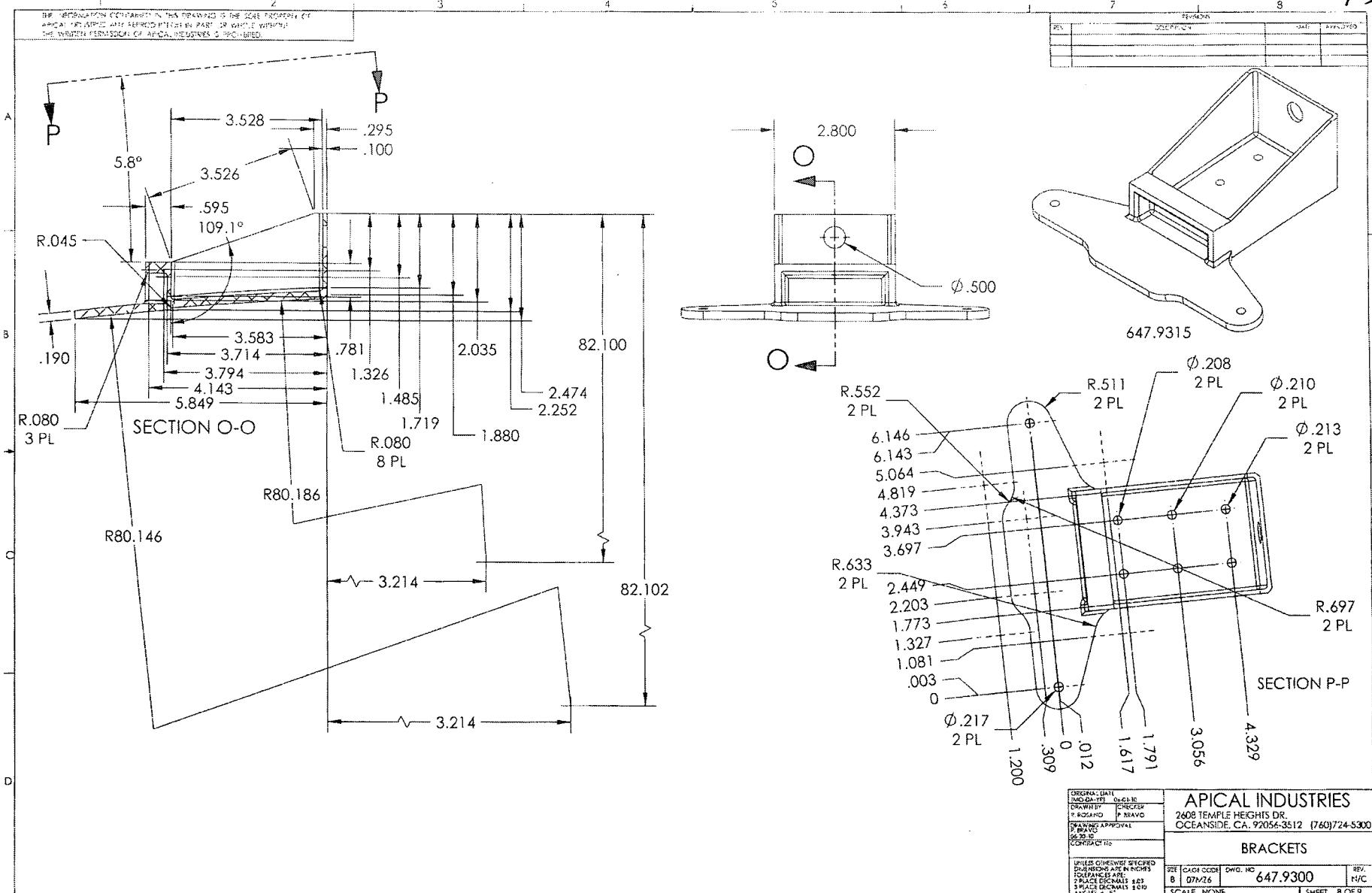
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| DRAWING APPROVAL | | | |
| 04-01-01 | 04-01-01 | | |
| CHECKED | | | |
| APICAL INDUSTRIES | | | |
| 2608 TEMPLE HEIGHTS DR. | | | |
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| BRACKETS | | | |
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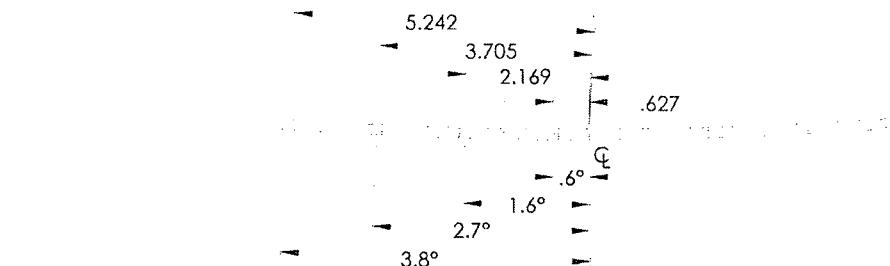
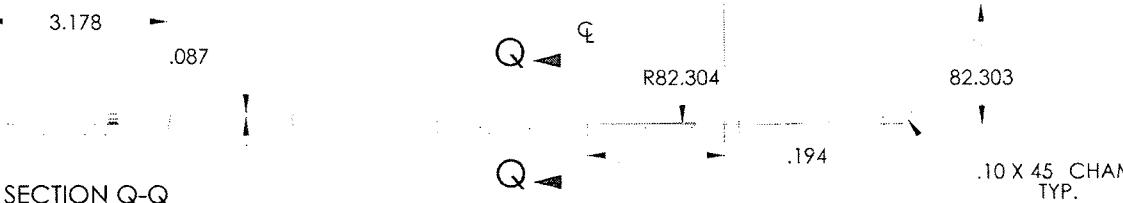
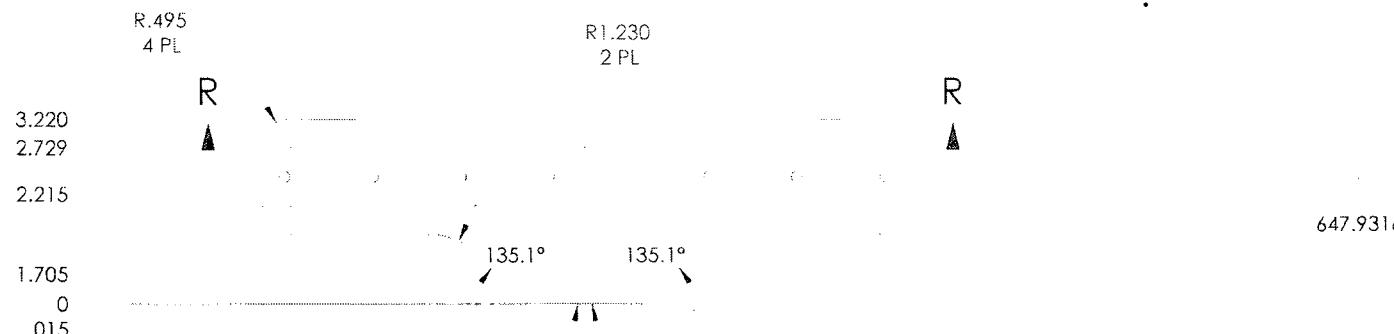
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| APPROVED BY | P. RAVI | | |
| CHANGED BY | | | |
| DATE | | | |
| CONTRACT NO. | | | |
| SPC'S CHANGES SPECIFIED | | | |
| DIMENSIONS ARE IN INCHES | | | |
| TOLERANCES ARE .005 | | | |
| ANGLES ARE IN DEGREES | | | |
| 3 PLACE DECIMALS | | | |
| ANGLES ± 3° | | | |
| REV | CAGE CODE | DRAW. NO. | REV |
| B | 07MA | 647.9300 | N/C |
| SCALE | NONE | SHEET | 7 OF 9 |

93736



ALL INFORMATION CONTAINED IN THIS DRAWING IS THE EXCLUSIVE PROPERTY OF
APICAL INDUSTRIES AND PROTECTION IN PAPER OR ELECTRONIC FORMAT
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS REQUIRED.

93736



ORIGINAL DATE
REVISION DATE
DRAWN BY
CHECKED BY
APPROVED BY
DESIGNER
CONTRACT NO.

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

BRACKETS

ALL DIMENSIONS IN INCHES
EXCEPTIONS ARE IN MILLIMETERS
APACE NOMINALS - 03
ANGLES - 2

SHEET 9 OF 9
REV
SIZE CAGE CODE DWG NO 647.9300 N/C
B 07M16 SCALE NONE



2228 Gladwin Cres.
Ottawa, Ont.
K1B 4S6

Telephone (613) 899-2405
Fax (613) 226-1719

Certificate of Compliance

To:
Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury Ont.
K6A 1K7

| Po Number | Part Number | Quantities |
|-----------|-------------|------------|
| 18599 | 647.9310 | 10 |
| | 647.9317 | 1 |
| | | |
| | | |
| | | |

It is hereby certified that all articles mentioned above are in conformance with the requirements, specification and drawings as listed on customer purchase order number, 18599 issued by Dart Aerospace Inc.

Andrew Malcolm
Inspector
Archer Precision Inc.
2228 Gladwin Cress.
Ottawa, Ontario
K1B 4S6



Inspection Report

Customer Name

Dart Aerospace

QTY
10

DWG #
647.9310

REV.
N/C

Part Name
Brackets

Date
16/JAN/13

Lot#

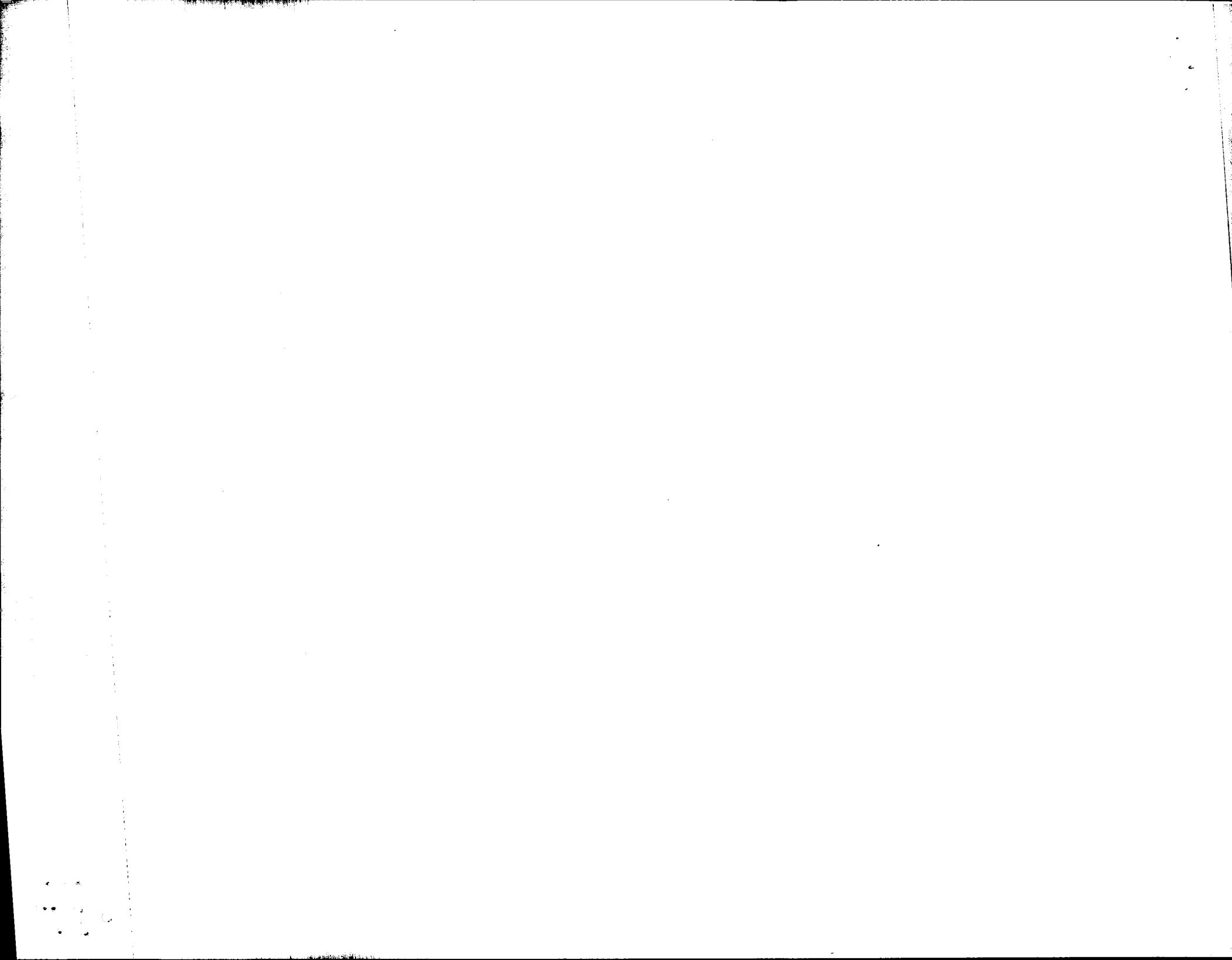
Job #
674-5

Page 1 of _____

Inspection Interval

Special Notes

| Item # | DWG. Dim | Tolerance | Operator | QA First | | QA Final | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|--------|----------|-----------|-------------------|-----------|---|----------|---|---|---|---|---|---|---|---|---|----|--|
| | | | | First Off | A | R | A | | | | | | | | | | |
| Rev | N/C | | ✓ | | | | ✓ | | | | | | | | | | |
| MAT | Supplied | | ✓ | | | | ✓ | | | | | | | | | | |
| SUB | - | | | | | | | | | | | | | | | | |
| Deburr | Yes | | ✓ | | | | ✓ | | | | | | | | | | |
| 1 | .610 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 2 | R.201 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 3 | R.100 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 4 | .302 | ±.005 | .301 | | / | | / | | | | | | | | | | |
| 5 | R.100 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 6 | R.218 | ±.005 | .220 ⁵ | | / | | / | | | | | | | | | | |
| 7 | .105 | ±.005 | .103 | | / | | / | | | | | | | | | | |
| 8 | 3PL | - | ✓ | | / | | / | | | | | | | | | | |
| 9 | .683 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 10 | .295 | ±.005 | .294 | | / | | / | | | | | | | | | | |
| 11 | 3.000 | ±.005 | 3.001 | | / | | / | | | | | | | | | | |
| 12 | 2.210 | ±.005 | 2.208 | | / | | / | | | | | | | | | | |
| 13 | .651 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 14 | .692 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 15 | .826 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 16 | .426 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 17 | .302 | ±.005 | .301 | | / | | / | | | | | | | | | | |
| 18 | 90.° | ±.5° | 90. | | / | | / | | | | | | | | | | |
| 19 | R.369 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 20 | R.050 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 21 | R142.53 | ±.005 | PP | | / | | / | | | | | | | | | | |
| 22 | 177.4° | ±.5° | PP | | / | | / | | | | | | | | | | |



Date of Issue July, 13, 2005.

ATG INDUSTRIES INC.

Rockland, ON K0J 1L0
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

To:
DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Terms

Ship Via

Date:

Pack List

Number: 62491

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Rev:

Line:

| Quantity | Description |
|----------|--|
| 10 ea | Part: 647.9310 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N Job: 20130414 PO: 20257 |

Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance
with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED
ATG SALES-2010 TERMS APPLY

DATE: 9/1/13

CERTIFIED SIGNATURE: 

RECEIVER SIGNATURE: 